

# PHASE IV CERTIFICATION

(Refer to CAPR 52-16 for program requirements)

## FOR NATIONAL HQ USE ONLY

CADET'S NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

CAP SERIAL NUMBER:

CHARTER NUMBER: \_\_\_\_\_ EARTHART AWARD DATE: \_\_\_\_\_  
Month Year

Date Received: \_\_\_\_\_

Signatures: VERIFICATIONS

COS (or Equivalent):

Achievement Dates:

## FORM COMPLETION INSTRUCTIONS

1. Each achievement will be completed in numerical sequence, dated and signed by the unit commander or the deputy commander for cadets. The cadet also signs on the appropriate line.
2. Achievements cannot be completed at less than a two month interval, nor can Phase IV combined be completed in less than thirty six (36) months from the date the cadet joined CAP (Exception JROTC, See CAPR 52-16).
3. When all requirements for completion of Phase IV are met, it is the responsibility of the cadet to ensure that this completed CAPF 59-3 is mailed or faxed to National Headquarters CAP/CPR (FAX: 334-953-6699) for processing.
4. When all requirements for completion of Phase IV are met, it is the responsibility of the cadet to request the Spaatz examination as outlined in CAPR 52-16.

## To process your Eaker Award

Mail or fax this CAPF 59-3 to:

National Headquarters CAP/CPR  
105 S. Hansell St., Bldg. 714  
Maxwell AFB AL 36112-6332  
Fax: 1.334.953.6699

## To order your Spaatz Exam

Your squadron commander submits CAPF 55a, *Request for Examinations*, to the wing liaison officer (LO or LNCO). The liaison officer will contact you to establish a testing date. Refer to CAPR 52-16 for details.

### ACHIEVEMENT 12 LEADERSHIP OFFICER

I CERTIFY ALL REQUIREMENTS OF THE LEADERSHIP OFFICER ACHIEVEMENT HAVE BEEN COMPLETED AND THE CADET IS A CURRENT MEMBER IN GOOD STANDING.

CHARTER NUMBER: \_\_\_\_\_

Month Year  
COMPLETION DATE

Signature of Unit Commander or Deputy Commander for Cadets

(NOTE: This date needs to be a minimum of two months from the date of the Earhart Award.)

Cadet's Signature Denotes Agreement

### ACHIEVEMENT 13 AEROSPACE EDUCATION OFFICER

I CERTIFY ALL REQUIREMENTS OF THE AEROSPACE EDUCATION OFFICER ACHIEVEMENT HAVE BEEN COMPLETED AND THE CADET IS A CURRENT MEMBER IN GOOD STANDING.

CHARTER NUMBER: \_\_\_\_\_

Month Year  
COMPLETION DATE

Signature of Unit Commander or Deputy Commander for Cadets

(NOTE: Two months minimum are required between each achievement.)

Cadet's Signature Denotes Agreement

### ACHIEVEMENT 14 OPERATIONS OFFICER

#### CADET MAJOR



Abbreviated: C/Maj

I CERTIFY ALL REQUIREMENTS OF THE OPERATIONS OFFICER ACHIEVEMENT HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND IS HEREBY PROMOTED TO CADET MAJOR.

CHARTER NUMBER: \_\_\_\_\_

Month Year  
COMPLETION DATE

Signature of Unit Commander or Deputy Commander for Cadets

Cadet's Signature Denotes Agreement

EXECUTIVE PHASE

**ACHIEVEMENT 15**

LOGISTICS OFFICER

I CERTIFY ALL REQUIREMENTS OF THE LOGISTICS OFFICER ACHIEVEMENT HAVE BEEN COMPLETED AND THE CADET IS A CURRENT MEMBER IN GOOD STANDING.

CHARTER NUMBER: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Unit Commander or Deputy Commander for Cadets*

\_\_\_\_\_  
Month      Year  
COMPLETION DATE

\_\_\_\_\_  
*Cadet's Signature Denotes Agreement***ACHIEVEMENT 16**

CADET COMMANDER

I CERTIFY ALL REQUIREMENTS OF THE CADET COMMANDER ACHIEVEMENT HAVE BEEN COMPLETED AND THE CADET IS A CURRENT MEMBER IN GOOD STANDING.

CHARTER NUMBER: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Unit Commander or Deputy Commander for Cadets*

\_\_\_\_\_  
Month      Year  
COMPLETION DATE

\_\_\_\_\_  
*Cadet's Signature Denotes Agreement***GENERAL  
IRA C. EAKER  
AWARD**CADET LIEUTENANT  
COLONEL

Abbreviated: C/Lt Col

I CERTIFY ALL REQUIREMENTS OF THE GENERAL IRA C. EAKER AWARD HAVE BEEN COMPLETED, THE CADET IS A CURRENT MEMBER IN GOOD STANDING, IS CAPABLE OF ACCEPTING THE INCREASED RESPONSIBILITY OF THIS GRADE, AND WILL BE PROMOTED TO CADET LIEUTENANT COLONEL EFFECTIVE THE DATE OF THE EAKER AWARD CERTIFICATE. IT IS THE CADET'S RESPONSIBILITY TO ENSURE THAT THIS COMPLETED CAPF 59-3 IS MAILED OR FAXED TO NATIONAL HEADQUARTERS CAP/CPR.

CHARTER NUMBER: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Unit Commander or Deputy Commander for Cadets*

\_\_\_\_\_  
Month      Year  
COMPLETION DATE

(NOTE: This date can be no earlier than 36 months from the join date.)

\_\_\_\_\_  
*Cadet's Signature Denotes Agreement*

EXECUTIVE PHASE